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Obstetrics Mnemonics

Preeclampsia: classic triad

PREeclampsia:

Proteinuria
Rising blood pressure
Edema

Female pelvis: shapes

GAP:

-In order from most to least common:

Gynecoid
Android /Anthropoid
Platypelloid

Abdominal pain: causes during pregnancy

LARA CROFT:

Labour
Abruptio of placenta
Rupture (eg. ectopic/ uterus)
Abortion
Cholestasis
Rectus sheath haematoma
Ovarian tumour
Fibroids
Torsion of uterus

RLQ pain: brief female differential

AEIOU:

Appendicitis/ Abscess
Ectopic pregnancy/ Endometriosis
Inflammatory disease (pelvic)/ IBD
Ovarian cyst (rupture, torsion) Uteric
colic/ Urinary stones

Oral contraceptive complications:

warning signs ACHES:

Abdominal pain Chest
pain Headache
(severe) Eye (blurred
vision) Sharp leg pain

Post-partum haemorrhage (PPH): risk factors

PARTUM:

Polyhydramnios/ Prolonged labour/ Previous cesarian
APH/ ANTH
Recent bleeding history
Twins
Uterine fibroids
Multiparity

Post-partum haemorrhage (PPH): causes

4 'T's:

Tissue (retained placenta)
Tone (uterine atony)
Trauma (traumatic delivery, episiotomy)
Thrombin (coagulation disorders, DIC)

Post-partum examination simplified checklist

BUBBLES:

Breast
Uterus
Bowel
Bladder
Lochia
Episiotomy
Surgical site (for Cesarean section)

Ovarian cancer: risk factors

"Blue FILM":

Breast cancer

Family history

Infertility

Low parity Mumps

Prenatal care questions

ABCDE:

Amniotic fluid leakage?

Bleeding vaginally?

Contractions?

Dysuria?

Edema?

Fetal movement?

Asherman syndrome features

ASHERMAN:

Acquired Anomaly

Secondary to Surgery

Hysterosalpingography confirms diagnosis

Endometrial damage/ Eugonadotropic

Repeated uterine trauma

Missed Menses

Adhesions

Normal estrogen and progesterone

investigations ,PRENATAL DIAGNOSIS,timings

Uk-CAT

U USG 6-40WKS.

C CVS 9-12

A AMNIOCENTESIS..15-18

T TRIPLE TEST 16-18

Gestation period, oocytes, vaginal pH, menstrual cycle: normal numbers

4 is the normal pH of the vagina.

40 weeks is the normal gestation period.

400 oocytes released between menarche and menopause.

400,000 oocytes present at puberty.

28 days in a normal menstrual cycle.

280 days (from last normal menstrual period) in a normal gestation period.

CVS and amniocentesis: when performed

"Chorionic" has 9 letters and Chorionic villus sampling performed at 9 weeks gestation.

"AlphaFetoProtein" has 16 letters and it's measured at 16 weeks gestation.

Spontaneous abortion: definition

"Spontaneous abortion" has less than 20 letters [it's exactly 19 letters].

Spontaneous abortion is defined as delivery or loss of products of conception at less than 20 weeks gestation.

Pelvic Inflammatory Disease (PID): causes, effects "PID CAN be EPIC":

· Causes:

Chlamydia trachomatis
Actinomyces Neisseria
gonorrhoeae

· Effects:

Ectopic
Pregnancy
Infertility
Chronic pain

Pelvic Inflammatory Disease (PID): complications

I FACE PID:

Infertility
Fitz-Hugh-Curtis syndrome
Abscesses
Chronic pelvic pain
Ectopic pregnancy
Peritonitis
Intestinal obstruction
Disseminated: sepsis, endocarditis, arthritis, meningitis

B-agonist tocolytic (C/I or warning)

ABCDE:

Angina (Heart disease)
BP high
Chorioamnionitis
Diabetes Excessive
bleeding

Secondary amenorrhea: causes

SOAP:

Stress
OCP
Anorexia
Pregnancy

Fetus: cardinal movements of fetus

"Don't Forget I Enjoy Really Expensive Equipment":

Descent

Fetus: cardinal movements of fetus

"Don't Forget I Enjoy Really Expensive Equipment":

Descent
Flexion
Internal rotation
Extension
Restitution
External rotation
Expulsion

Sexual response cycle

EXPLORE:

EXcitement
PLateau
Orgasmic
REsolution

Parity abbreviations (ie: G 3, P 2012)

"To Peace And Love":

T: of Term pregnancies
P: of Premature births
A: of Abortions (spontaneous or elective)
L: of Live births
· Describes the outcomes of the total number of pregnancies (Gravida).

Alpha-fetoprotein: causes for increased maternal serum AFP during pregnancy

"Increased Maternal Serum Alpha Feto Protein":

Intestinal obstruction
Multiple gestation/ Miscalculation of gestational age/ Myeloschisis
Spina bifida cystica
Anencephaly/ Abdominal wall defect
Fetal death
Placental abruption

Alpha-fetoprotein: some major causes for increased maternal serum AFP during pregnancy

TOLD:

Testicular tumours

Obituary (fetal death)

Liver: hepatomas

Defects (neural tube defects)

Dysfunctional uterine bleeding (DUB): 3

major causes DUB:

Don't ovulate (anovulation: 90% of cases)

Unusual corpus luteum activity (prolonged or insufficient) Birth control pills (since increases progesterone-estrogen ratio)

IUGR: causes

IUGR:

Inherited: chromosomal and genetic disorders

Uterus: placental insufficiency

General: maternal malnutrition, smoking

Rubella and other congenital infection

Early cord clamping: indications RAPID CS:

Rh incompatibility

Asphyxia

Premature delivery

Infections

Diabetic mother

CS (caesarian section) previously, so the fundus is RAPID CS

IUD: side effects

PAINS:

Period that is late

Abdominal cramps

Increase in body temperature

Noticeable vaginal discharge

Spotting

Oral contraceptives: side effects

CONTRACEPTIVES:

Cholestatic jaundice

Oedema (corneal)

Nasal congestion

Thyroid dysfunction

Raised BP

Acne/ Alopecia/ Anaemia

Cerebrovascular disease

Elevated blood sugar

Porphyria/ Pigmentation/ Pancreatitis

Thromboembolism

Intracranial hypertension

Vomiting (progesterone only)

Erythema nodosum/ Extraparasympathetic effects

Sensitivity to light

FORCEPS/VACUUM DELIVERY

- A - Anaesthesia/Assistance(anaesthetist, colleague,paediatrician) Think and prepare for shoulder dystocia
- B- Bladder empty
- C- Cervix fully dilated
- D- determine position
- E- Explain to the patient/ exit plan if it fails, ready for cesarean section
- F - Fontanelle (to check position)
- G - Gentle traction
- H- Handle elevated for forceps
- Halt for vacuum (no descent with 3 pulls, 3 times pop off)
- I - Incision/Episiotomy
- J- remove forceps when jaw visible

Forceps: indications for delivery

FORCEPS:

- Foetus alive
- Os dilated
- Ruptured membrane
- Cervix taken up
- Engagement of head
- Presentation suitable
- Sagittal suture in AP diameter of inlet

Delivery: instrumental delivery prerequisites

AABBCCDDEE:

- Analgesia
- Antisepsis
- Bowel empty
- Bladder empty
- Cephalic presentation
- Consent
- Dilated cervix
- Disproportion (no CPD)
- Engaged
- Episiotomy

Indications of cesarean section

MICE CAME

- M- Malpresentation
- I- Induction failure
- C- Cephalopelvic disproportion, contracted pelvis
- E - Eclampsia
- C- Cervical cancer
- A- antepartum hemorrhage (Abruptio, placenta previa)
- M- medical illness complicating pregnancy
- E- Elderly primi

APGAR score components

SHIRT:

- Skin color: blue or pink
- Heart rate: below 100 or over 100
- Irritability (response to stimulation): none, grimace or cry
- Respirations: irregular or good
- Tone (muscle): some flexion or active

Postpartum collapse: causes

HEPARINS:

- Hemorrhage
- Eclampsia
- Pulmonary embolism
- Amniotic fluid embolism
- Regional anaesthetic complications
- Infarction (MI)
- Neurogenic shock
- Septic shock

Multiple pregnancy complications

HI, PAPA:

Hydramnios (Poly)

IUGR

Preterm labour

Antepartum haemorrhage

Pre-eclampsia

Abortion

Omental caking: likeliest cause

Omental CAking = Ovarian CA

---"Omental caking" is term for ascities, plus a fixed upper abdominal and pelvic mass.
Almost always signifies ovarian cancer.

Polycystic Ovarian Syndrome (PCOS): first line treatment

Treat PCOS with OCP's (oral contraceptive pills).

DYSTOCIA

CAUSES: Remember 4 Ps.

Passenger (large baby) Passage (Abnormal

Pelvis) Propulsion (uterine contraction)

Proportion (disproportion Cephalo-pelvic)

Labour: factors which determine rate and outcome of labour

3 P's:

Power: strength of uterine contractions

Passage: size of the pelvic inlet and outlet

Passenger: the fetus--is it big, small, have anomalies, alive or dead

Labour: preterm labor causes

DISEASE:

Dehydration
Infection
Sex
Exercise (strenuous)
Activities
Stress
Environmental factor (job, etc)

Antepartum hemorrhage (APH): major differential

APH:

Abruptio placentae
Placenta previa
Hemorrhage from the GU tract

Miscarriage: recurrent miscarriage causes

RIBCAGE:

Radiation
Immune reaction
Bugs (infection)
Cervical incompetence
Anatomical anomaly (uterine septum etc.)
Genetic (aneuploidy, balanced translocation etc.)
Endocrine

Shoulder dystocia: management

HELPER:

Call for Help
Episiotomy
Legs up [McRoberts position]
Pressure subpubically [not on fundus]
Enter vagina for shoulder rotation
Reach for posterior shoulder and deliver posterior shoulder/ Return head into vagina
[Zavanelli maneuver] for C-section/ Rupture clavicle or pubic symphysis

Cardiotocogram (CTG) interpretation

Dr. C. BraVADO

Define Risk
Contractions (in 10 mins)
Baseline Rate (should be 110-160)
Variability (should be greater than 5)
Accelerations

Decelerations
Overall (normal or not)

Diagonistic tests

CAT

C=CHORIONI VILOOUS SAMPLING=10-12wks. OF GEST. DONE
A=AMINOCENTESIS=14-16wks.OF gest. T=Triple test(MSAFP)= -
18wks.OF GA.

PG E1 OR E2

CERVIPRIME HAS TWO Es SO IT MUST BE PROSTAGLANDIN E2 MISOPROSTOL - PG E1.

Smallest Fetal Head Diameter

M T P

Bi-Mastoid-7.5
Bi-Temporal-8.00
Bi-Parietal-8.5